

ALASKA PIONEER HOME		P&P No: 04.04
Title: Medication Administration		Approval: D. COTE
Key Words: Medication Order, Administration, Controlled Substance, Dietary Supplement		
Team: Nursing, Pharmacy	Effective Date: 8/1/12	Page: 1 of 9

PURPOSE

To provide guidelines for medication assistance and administration to Alaska Pioneer Home (AKPH) residents.

POLICY

AKPH residents are encouraged to be involved in self-care and to self-administer medications when possible.

AKPH residents who understand their medication regimen but are physically unable to self-administer medications may do this with assistance from trained staff.

AKPH residents who are unable to understand their medication regime receive safe and accurate medication administration from trained staff.

Controlled substances, like other medications, are administered safely and accurately to the resident, and securely stored.

DEFINITIONS

Medication order is a written order for a medication that is signed by the prescriber.

Delegation is the transfer of responsibility to perform an activity from one individual to another while retaining accountability for the outcome.

Controlled substance is a drug whose availability is restricted due to the potential for abuse or addiction. Such drugs include narcotics, stimulants, depressants, hallucinogens, and cannabis.

Schedule II drugs have a high abuse risk, but also have safe and accepted medical uses. These drugs can cause psychological or physical dependence.

Dietary supplement, also known as food supplement or nutritional supplement, is intended to enhance the diet and provide nutrients that may be missing or may not be consumed in sufficient quantities in a person's diet.

Title: Medication Administration**PROCEDURE****I. Medication Orders**

A. Medication order is received:

1. Paper copy of order with prescriber's signature.
2. Fax copy of order with prescriber's signature.
3. Telephone order verified with read-back; prescriber's signature obtained later.
4. Verbal order, prescriber's signature obtained later.
5. Electronic with an e-signature or e-prescription printed on the order.

B. Telephone order is received:

1. Nurse listens to prescriber's order and writes down the details.
2. Nurse reads back the order to the prescriber to verify accuracy.
3. Nurse ensures that the dose is within the normal dosing range and the resident is not allergic to the medication.
4. Nurse immediately faxes the written order to the prescriber.
 - a. All fax confirmations are included in the resident chart with the order.
 - b. Fax confirmations and telephone orders can be removed from the resident's chart when the prescriber's signed copy of the order is in the chart.
5. Prescriber signs the order and faxes it back to the Home.
 - a. If a prescriber's signature is not received by the Home within a week, the order is re-faxed.
6. A licensed nurse in a prescriber's office who gives the telephone order and a licensed nurse in the Home who receives the order are extensions of the prescriber.
 - a. Licensed nurse includes both registered nurse (RN) and licensed practical nurse (LPN).
 - b. The Home nurse who receives the medication order from the prescriber's nurse must verify that the person giving the order is a licensed nurse and not a medical assistant or secretary.
 - c. A Schedule II medication order is obtained with an *original* hard copy which is signed by the prescriber.
 - 1) Schedule II medication orders *cannot* be obtained by telephone order or by fax.
 - 2) In an emergency, a Schedule II medication is acquired locally.
7. The medication order that is given and received by nurses is valid during the time that the order does not have a prescriber's signature.

AKPH P&P No. 04.04	Effective Date: 8/1/12	Page: 3 of 9
Title: Medication Administration		

II. Medication Administration

A. Resident medications

1. AKPH residents require medications to:
 - a. Maintain optimal health
 - b. Achieve a level of function
 - c. Treat illness
2. Residents can use a non-AKPH pharmacy when:
 - a. Resident is a Level 1 care and self-administers the medications.
 - b. Resident is responsible for ordering, procurement, and delivery of the medications.
 - c. Resident pays for medications obtained with available income after Home charges have been paid.
 - d. AKPH does not subsidize the cost of medications obtained from an outside pharmacy.
 - e. Insurance recoveries are the responsibility of the resident.
 - f. Medications obtained from an outside pharmacy on a regular basis may not be combined with medications dispensed from the AKPH pharmacy.
3. Medications are administered:
 - a. Resident self administers medications if capable.
 - b. Resident is assisted by trained staff to self administer medications.
 - 1) Resident is able to understand medication regime but is physically unable to self administer.
 - 2) Physically unable can be, for example, visual impairment or difficulty with fine motor coordination.
 - c. Medications are administered to the resident.
 - 1) Resident is unable to understand medication regime.
 - 2) Unable to understand can be, for example, dementia.

B. Medication administration guidelines

1. Self administration
 - a. Upon admission, a determination is made whether a resident will self-administer medications.
 - b. The resident makes agreements with the Home about:
 - 1) Safe location of medications,
 - 2) Treatment supplies, and
 - 3) Re-supply procedures.
2. Assistance with medication administration
 - a. AKPH licensed nurses and certified nurse aides (CNA) routinely:
 - 1) Assist resident with self administration of medications.
 - 2) Administer medications to residents.

AKPH P&P No. 04.04	Effective Date: 8/1/12	Page: 4 of 9
Title: Medication Administration		

- b. A licensed nurse delegates the medication administration task to the CNA.
 - 1) Licensed nurse includes RN and LPN.
 - 2) The licensed nurse transfers the responsibility for the activity, but retains professional accountability for the outcome.
 - c. Alaska Statutes and Regulations are followed when tasks are delegated at the AKPH.
 - 3. Medications are stored in locked cabinets or drawers.
 - a. Medication storage is unlocked when preparing medications for administration to the residents.
- C. Pre-pour of medications to be administered to the residents.
 - 1. Medications cannot be pre-poured and left in storage to be administered at a later time.
 - 2. Medications must be prepared and administered by the same person.
 - 3. Medications can be pre-poured for multiple residents at the same time if the preparer remains with/in control of the medications until they are administered.
- D. Staff responsibilities for medication administration
 - 1. Licensed nurse (RN and LPN) responsibilities:
 - a. Safe medication administration.
 - b. Provide information and teaching to residents or their representatives about the medication.
 - 1) AKPH pharmacy also provides information and teaching.
 - c. If medication administration tasks are delegated to CNAs, the licensed nurses:
 - 1) Understand the delegation process that has been taught to the CNAs.
 - 2) Act as a consultant for the CNAs and provide ongoing guidance for the delegated tasks.
 - 3) Monitor performance of CNAs in completing delegated tasks.
 - 4) Stop the delegation of medication administration if the tasks are performed in an unsafe manner, or the resident's condition changes.
 - 2. Additional RN responsibilities:
 - a. RNs supervise and guide LPNs.
 - b. Provide ongoing nursing assessment and monitoring for residents whose medications are administered by CNAs, which includes:
 - 1) Resident suitable for receiving medications from CNAs.
 - 2) Stability of the resident's condition.
 - 3) Resident response to the medication.
 - 4) Needed medication changes.

AKPH P&P No. 04.04	Effective Date: 8/1/12	Page: 5 of 9
Title: Medication Administration		

3. Select licensed nurses train the CNAs to perform delegated tasks, and document:
 - 1) Completion of the medication administration class,
 - 2) Demonstration of skills learned in the class, and
 - 3) Skill checks every 90 days.
 4. CNA responsibilities:
 - a. Successful completion of the medication administration class to perform the learned tasks.
 - b. CNAs who perform the delegated tasks:
 - 1) Accurately complete the tasks,
 - 2) Document the tasks,
 - 3) Ask the licensed nurse for clarity if unsure about the tasks,
 - 4) Communicate pertinent observations about the tasks, *and*
 - 5) Notify a nurse immediately if irregularities occur.
- E. Training for medication administration
1. Licensed nurses and CNAs receive training to ensure safe medication administration.
 2. Licensed nurses receive training.
 - a. Concepts of delegation, statutes, and regulations pertaining to medication administration.
 - b. Delegation of medication administration.
 3. CNAs receive training.
 - a. Medication administration class required by the Alaska Board of Nursing regulations, which includes:
 - 1) Performance of delegated tasks.
 - 2) Return demonstration of each task.
 - 3) Safety and infection control measures.
 - 4) Recognition of situations that indicate that the task should be stopped and a license nurse notified.
 - 5) Documentation of completed tasks.
- F. Quality assurance (QA) program for medication administration.
1. An RN at each Home performs a quality assurance program.
 2. Home licensed nurses check in medications in the pharmacy tote when received.
 - 1) Medication label information is checked for accuracy against the residents' orders or MAR (medication administration record).
 3. Each Home is responsible for ensuring medication administration documentation is accurate.

AKPH P&P No. 04.04	Effective Date: 8/1/12	Page: 6 of 9
Title: Medication Administration		

4. Re-evaluation of staff who performs medication administration is done as needed.
5. Medication errors are reported and analyzed.
6. The controlled substance QA procedure is followed.

III. Controlled Substances

- A. Controlled substances are securely stored and administered to residents by AKPH licensed nurses.
 1. An AKPH resident who independently receives and self administers a controlled substance from a pharmacy is responsible for the medication.
 2. Licensed nurses and pharmacy staff are the only personnel who touch or handle controlled substances in the Homes.
 3. Controlled substances are secured to prevent criminal theft or diversion.
 - a. Perpetrator of the crime is subject to criminal, legal, personnel, and professional sanctions.
 4. Controlled substances are accounted at the change of the nursing shifts.
 5. Controlled substances are secured in a double lock system.
 - a. Licensed nurses are the only AKPH staff that handles the keys to the cabinet containing the controlled substances.
 - b. The nurses maintain the security of the keys to the controlled substance storage area.
 - c. The keys are passed from nurse to nurse at change of shift, and do not leave the facility.
 - d. Controlled substances that are expired or no longer in use are returned to the AKPH pharmacy.
- B. Delivery of controlled substances to the Home
 1. Methods of delivery
 - a. Local pharmacy
 - b. AKPH pharmacy
 - 1) Medications shipped from the AKPH pharmacy in Anchorage are secured in a tote with a zip tie fastener.
 - 2) The fastener should be intact when the tote arrives at the Home.
 2. Staff member brings medications to a secure, locked location in the Home for immediate check in by a licensed nurse.
- C. Inspection and check in of controlled substances by a licensed nurse.
 1. AKPH nurse is notified that medications have been delivered to the Home.
 2. Nurse inspects the delivery.

AKPH P&P No. 04.04	Effective Date: 8/1/12	Page: 7 of 9
Title: Medication Administration		

3. Nurse secures the controlled substances in the double lock narcotic cabinet immediately after inspection.
4. Nurse records the receipt of controlled substances on the log in form.
5. Nurse initiates a sign out sheet for PRN controlled substances.
 - a. Sign out sheets are used for end-of-shift counts.
 - b. A sign out sheet is included with the controlled substance that is sent from the AKPH pharmacy.
 - c. A copy of the sign out sheet for controlled substance acquired locally is faxed to the AKPH pharmacy.
 - d. A sign out sheet is not necessary for regularly scheduled and administered controlled substances packaged in bubble packs.

D. Audit and re-count of controlled substances.

1. Audit remaining medication at the time the dosage is removed.
 - a. Audit PRN and scheduled medications from both local acquisition and from the AKPH pharmacy.
 - b. Nurse who removes a PRN dosage or a med that is not packaged in a bubble pack:
 - 1) Signs name on the sign out sheet,
 - 2) Indicates the amount used, *and*
 - 3) Indicates the amount remaining.
 - c. The number of tablets of regularly scheduled medications in bubble packs is visually checked by the nurse when each dosage is removed, to ensure that the number is correct.
 - d. Immediately report to the supervisor any missing medication or discrepancy between the sign out sheet dates and the amount of medication present.
 - e. Record the administration of the medication in the MAR after giving the medication.
2. Re-count all controlled substances in the Home at change of nursing shifts, 3 times daily.
 - a. Two nurses work together to view each package of controlled substance medication.
 - b. Nurses determine that the amount of medication matches the amount on the sign out sheet.
 - c. Nurses determine that the number of tablets in the bubble packs is correct.
 - d. Nurses sign, date, and time a controlled substances sheet upon completion of the count.
 - e. Take immediate action with a discrepancy in the count.
 - 1) Inform supervisor, and
 - 2) Initiate a quality assurance report.

AKPH P&P No. 04.04	Effective Date: 8/1/12	Page: 8 of 9
Title: Medication Administration		

- E. Return controlled substances no longer in use to the AKPH pharmacy.
 - 1. Return all controlled substance medications on the day it is discontinued or determined to be out of use.
 - 2. All controlled substances are returned to the AKPH pharmacy for destruction, regardless of which pharmacy supplied the medication.
 - 3. Storing controlled substances that are no longer in use is prohibited.
 - 4. Procedure for returning medication
 - a. Two nurses work together when the medication is returned.
 - b. The number of medication doses is noted on the sign out sheet.
 - c. Both nurses sign the sheet.
 - d. A copy is made of the sheet for Home record; the original sheet is wrapped around the medication card.
 - e. The medication is enclosed in the pharmacy tote and secured with a zip tie fastener.
 - f. WPX ships medications to the Fairbanks, Juneau, Sitka, and Ketchikan Homes. Valley Transport ships medications to the Palmer Home.
 - 1) Pick-up of the tote is requested. The tote is secured in a locked storage area until it is picked up.
- F. Quality assurance (QA) procedure.
 - 1. The QA staff nurse reviews the following for accuracy:
 - a. Sign out sheet for the Home.
 - b. Sign out sheets for individual medications.
 - c. Medication count sheets.
 - d. Return sign out sheets for the Home.

IV. Nutritional Supplements

- A. The FDA (Food and Drug Administration) *does not* approve nutritional supplements, they cannot be marketed as medications, and claims to cure or prevent medical conditions cannot be made.
- B. The United States Pharmacopeia (USP) is a non-governmental, official, public authority for standards setting for prescription and over-the-counter medicines and other healthcare products manufactured or sold in the United States.
 - 1. USP also sets widely recognized standards for food ingredients and nutritional supplements.
 - 2. USP sets standards for the quality, purity, strength, and consistency of these products which are critical to public health.
 - 3. The AKPH pharmacy dispenses *only* USP verified supplements.

Title: Medication Administration

4. *Only* USP verified nutritional supplements dispensed from the AKPH pharmacy are administered by AKPH nurses and CNAs.
 - a. These supplements include:
 - 1) Vitamins and minerals
 - 2) Cranberry gel caplets
 - 3) Glucosamine tablets, administered by licensed nurses.

V. Psychotropic Medications to Change Behavior

- A. Nurse documents psychotropic medication use by Level II and III residents.
 1. When the medication is started, the nurse documents:
 - a. The targeted behavior to be changed.
 - b. Alternate approaches to change behavior which were tried before the medication was prescribed.
 - c. A behavior log in the MAR (medication administration record) to monitor the resident's response to the prescribed medication.
 - 1) The licensed nurse documents in the behavior log daily on listed shifts.
 - a. When a psychotropic dosage is changed or discontinued, the nurse documents the reason the dosage was changed or discontinued.

HISTORY OF REVISIONS

New: 1/1/12

Revised: 3/11/12; 7/20/12

Reviewed: 3/11/12

ATTACHMENTS

N-08 Guidelines for behavior log
Pharmacy Patient Bill of Rights

REFERENCES

AS 47.33.020, 7 AAC 10.1070, HCBS SOP, 7 AAC 130.215